



2018 Swim Registration Form

New Swimmer

FEC Returning Swimmer

Child's Name: _____
First Last

Birthday: _____ Age Group: _____ Sex: _____

Guardian's Name: _____
First Last

Guardian's Address: _____
Street City State Zip

Guardian's Home Phone #: _____ Guardian's Work Phone #: _____

Guardian's Alternate Phone #: _____ Guardian's E-Mail Address: _____

2nd Guardian's Name: _____
First Last

2nd Guardian's Address: _____
Street City State Zip

2nd Guardian's Home Phone #: _____ 2nd Guardian's Work Phone #: _____

2nd Guardian's Alternate Phone #: _____ 2nd Guardian's E-Mail Address: _____

Emergency Information

Doctor's Name: _____ Phone #: _____

Name of Insurance Carrier: _____ Policy #/Kaiser #: _____

In the event of an emergency I request that my child be taken to _____
Hospital Name
located on _____ if feasible.
Street Address City

Please list any medical conditions and or allergies that your child has and what types of symptoms to be alert for (i.e.: My child has asthma – watch for wheezing): _____

Please list any medications that your child takes routinely: _____

If parents' can't be reached please contact the following in the order in which they are listed.

Emergency Contact Name: _____
First Last

Phone #: _____ Alternate Phone #: _____

Emergency Contact Name: _____
First Last

Phone #: _____ Alternate Phone #: _____

